MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03072

3086

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 47 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1
STREET ADDRESS (If rural give location) 110 N. Connon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Floyd (Middle) Emery (Last) Ansley

4. DATE OF DEATH: (Month) Mar (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 27, 1877

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Housing

11. BIRTHPLACE (State or foreign country): Geneva N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Ansley

14. MOTHER'S MAIDEN NAME: Agnas Barden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-2619

17. INFORMANT & ADDRESS: Mrs. Ethel Walker Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — 13 years
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonitis left base — 17 days

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1955 to Mar. 2, 1955 that I last saw the deceased alive on Mar. 1, 1955, and that death occurred at 2:30 A M, from the causes and on the date stated above.

SIGNATURE William T. Layman M. D. ADDRESS 100 Professional Arts Bldg. Hagerstown, Md DATE SIGNED 3-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-4-55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 3. 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers — 24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03073

3087

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 1404 Potomac Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Ruby (Middle) May (Last) Bachtell

4. DATE OF DEATH: (Month) Mar. (Day) 28 (Year) 19 55

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH: June 28, 1893 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Albert Heil
14. MOTHER'S MAIDEN NAME: Carrie Irvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Clifton M. Bachtell Jr. Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
IMMEDIATE CAUSE (A) Cerebral Thrombosis et Myocarditis arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: 14 days ndf.
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) Arteriosclerosis Generalized.
(260X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 1948 to death, that I last saw the deceased alive on 3-28, 1955, and that death occurred at 9:15 P M, from the causes and on the date stated above.
SIGNATURE Robert J. Cradle M. D. ADDRESS Hagerstown DATE SIGNED 3-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar. 31, 1955
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 31, 1955
REGISTRAR'S SIGNATURE Clark R. Beavers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03074

3088

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 106 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Frank (Last) Bell

4. DATE OF DEATH: (Month) (Day) (Year) March 10 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 7, 1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sweeper
10B. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (State or foreign country): Leitersburg Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Bell
14. MOTHER'S MAIDEN NAME: Mary E. Middlekauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-18-1134
17. INFORMANT & ADDRESS: Mrs. Howard P. Hartman Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Severe Arteriosclerotic Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to 10 Mar, 1955, that I last saw the deceased alive on 9 Mar, 1955, and that death occurred at 12:20 M, from the causes and on the date stated above.

SIGNATURE F H Luskey M. D. ADDRESS 230 Potomac DATE SIGNED 11 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-12-55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 11. 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03075

3089

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place) 18 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 401 Jefferson St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1; STREET ADDRESS (If rural give location) 401 Jefferson St.,

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Louise (Last) Bowers

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 11-21-1915

9. AGE last birthday 39 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hays

14. MOTHER'S MAIDEN NAME: Alma Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: George S. Bowers Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) carcinoma cervix @ Secondary anemia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSE (S) DUE TO bleeding from colon - (cause unknown)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Mitral Valvular heart disease — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. mitral stenosis

19A. DATE OF OPERATION: Feb. 1954

19B. MAJOR FINDINGS OF OPERATION: D & C - carcinoma cervix

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) - (County) - (State) -

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Aug., 1953, to Mar., 1955, that I last saw the deceased alive on Mar. 23 1955, and that death occurred at 9:30 A M, from the causes and on the date stated above.

SIGNATURE M. D. S. Robert Wells — ADDRESS 115 N. Potomac St-Hagerstown, Md. — DATE SIGNED 3-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 3-27-55 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 25, 1955 — REGISTRAR'S SIGNATURE Ethel L. Bowers

24. FUNERAL DIRECTOR Fred W. Kräiss — ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03076

3090

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 928 Mulberry Avenue

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Bertha (Last) Bowers

4. DATE OF DEATH: (Month) Mar. (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-6-1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months 5 Days 25 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Registar

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. Co. Wilson Dist.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Lewis Middlekauff

14. MOTHER'S MAIDEN NAME: Victoria Jacques Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Charles H. Bowers, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Heart Disease — 5 yrs. ±

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1954 to Mar 31, 1955, that I last saw the deceased alive on Mar 31, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman M. D. ADDRESS 214 N. Potomac St. Hagerstown Md. DATE SIGNED 4/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4-3-1955 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Apr. 2. 1955 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

329 03077

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3141 CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Clear Spring, Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clear Spring Rural nr. Big Pool X
STREET ADDRESS (If rural give location) Near-Big Poole, Md.

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Viola (Last) Boyd

4. DATE OF DEATH: (Month) (Day) (Year) March 22, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: July 20, 1859
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months 8 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10B. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Harne
14. MOTHER'S MAIDEN NAME: Lydia Winders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Daniel G. Boyd, Clear Spring, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
151X IMMEDIATE CAUSE	(A) CARCINOMATOSIS, GENERALIZED	SIX MONTHS
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) CARCINOMA OF THE STOMACH	UNKNOWN
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18-54 19..., to 3-22-55 (3-22-55) 19..., that I last saw the deceased alive on 3-20-55, 19..., and that death occurred at 10—A. M, from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen M. D. ADDRESS CLEAR SPRING Md. DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Mar. 25, 1955
NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
LOCATION (City, town, or county) (State): Near Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR: March 25, 1955
REGISTRAR'S SIGNATURE: J. H. Murray Jr.
24. FUNERAL DIRECTOR: Adrian H. Rowland ADDRESS: Clear Spring, Md.

03078

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3091

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland 03
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Brooks

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3-17-1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknow

14. MOTHER'S MAIDEN NAME: Dorthy Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Dorthy Brooks

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Atalectasis

ANTECEDENT CAUSE (S) DUE TO Premature Birth (7 mo.)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1955, to March 17, 1955, that I last saw the deceased alive on March 17, 1955, and that death occurred at 3P M, from the causes and on the date stated above.

SIGNATURE Virgil J. McLean M.D. ADDRESS Hagerstown Md DATE SIGNED 3/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-19-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 19. 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS John R Watson & Hagerstown Md

2035252302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03079

3092

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Wash; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 31 West Side Ave.

3. NAME OF DECEASED: (First) Lester (Middle) Levi (Last) Burger Sr.

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 4, 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Die Maker

10B. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles B. Burger

14. MOTHER'S MAIDEN NAME: Frances L. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-0154

17. INFORMANT & ADDRESS: Lester L. Burger Jr. Hag. Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1 IMMEDIATE CAUSE	(A) Saddle embolus Abdn aorta	4 days
ANTECEDENT CAUSE (S): DUE TO	(B) probable mesenteric Thrombosis	2 days
	(C) Paralytic ileus	2 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X)	Coronary Thrombosis	11 days
	Coronary arteriosclerosis	indef.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes mellitus	indef.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16-52, 19 , to death, 19 , that I last saw the deceased alive on 3-24, 1955, and that death occurred at 2:50 A M, from the causes and on the date stated above.

SIGNATURE: Robert F. Leadle M. D. ADDRESS Hagerstown DATE SIGNED 3-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Mar. 27,55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar 22, 1955

REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03080

3142

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rohrersville
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg
STREET ADDRESS (If rural give location) N. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Burgesser

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: Nov. 21, 1886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: canning factory

11. BIRTHPLACE (State or foreign country): Smithsburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Burgesser

14. MOTHER'S MAIDEN NAME: Emma E. Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: C. Lester Burgesser, Cavetown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to March 22, 1955, that I last saw the deceased alive on March 21, 1955, and that death occurred at 10.45 P.M, from the causes and on the date stated above.

SIGNATURE Luther Way M.D. M. D. ADDRESS Boonsboro DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) burial | DATE THEREOF 3-25-55 | NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery | LOCATION (City, town, or county) (State) Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 24 1955 | REGISTRAR'S SIGNATURE Katherine Dagenhart | 24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Smithsburg

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03081

! 3093

CERTIFICATE OF DEATH

Reg. Dist. No. 202

Item 9, Film G179 3-21-55 et

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Maryland; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 650 Pennsylvania Avenue.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland. 03; STREET ADDRESS (If rural give location) 650 Pennsylvania Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edward (Last) Campher

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Aug 23 1887

9. AGE last birthday 67 68/ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10B. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Henry Campher

14. MOTHER'S MAIDEN NAME: Susan Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-05-1032

17. INFORMANT & ADDRESS: Rev. Walter E. Campher 650 Penn. Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Senile and Atherosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriosclerosis — DUE TO ? ,

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1954, to March 11, 1955, that I last saw the deceased alive on March 11 1955, and that death occurred at 1.15 P.M., from the causes and on the date stated above.

SIGNATURE Thos J Huffman M. D. ADDRESS Hagerstown Md DATE SIGNED 3/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-16-1955 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR Mar. 16, 1955 | REGISTRAR'S SIGNATURE Edna H. Bowers | 24. FUNERAL DIRECTOR John R Watson Jr | ADDRESS Hagerstown Md.

Item 18 Film G179 3/18/55 amc 03082

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3143

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cavetown
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Katherine (Last) Carl

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 19JJ

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 10/5/1879

9. AGE last birthday 75 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Spickler

14. MOTHER'S MAIDEN NAME: Katherine Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: George Carl Cavetown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9

IMMEDIATE CAUSE (A) Generalised Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSE (S) DUE TO (Primary site unknown)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1/7/55

19B. MAJOR FINDINGS OF OPERATION: Generalized Carcinomatosis.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 19JJ, to 3/5, 19JJ, that I last saw the deceased alive on 3/4, 19JJ, and that death occurred at 10:00 A M, from the causes and on the date stated above.

SIGNATURE Charles F. Hess ADDRESS M. D. Smithsburg, Md DATE SIGNED 3/5/JJ

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/8/JJ

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 7, 1955

REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR ADDRESS Rest Haven Funeral Chapel Inc. Hagerstown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03083

CERTIFICATE OF DEATH

3094 Reg. Dist. No. 3025

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 431 Mechanic Street 1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) William (Last) Carroll

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept 30 1889

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Coal Yard

11. BIRTHPLACE (State or foreign country): Sommerset Ohio

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Carroll

14. MOTHER'S MAIDEN NAME: Adalaide Settles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-05-2258

17. INFORMANT & ADDRESS: 431 Mechanic Street

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

141X

IMMEDIATE CAUSE (A) Carcinoma of tongue with local and

ANTECEDENT CAUSE (S) DUE TO distant metastasis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: history 8 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1955, to Mar. 16 1955 that I last saw the deceased alive on Mar. 15, 1955, and that death occurred at 1:45 A M, from the causes and on the date stated above.

SIGNATURE William T. Layman, M.D. ADDRESS 100 Professional Arts Bldg. Hagerstown, Md DATE SIGNED 3/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Mar 18 1955 NAME OF CEMETERY OR CREMATORY Hedgesville Cemetery LOCATION (City, town, or county) Hedgesville W.Va. (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 17, 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F Minnich & Sons ADDRESS Hagerstown MD

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03084

3095 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

Dr Jack [illegible] Beachley

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Hagerstown
LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 520 West Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 520 West Franklin St.

3. NAME OF DECEASED: (First) NETTIE (Middle) MAE (Last) CHRISMAN

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH: March 12 1886 | 9. AGE last birthday 69 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Easterday
14. MOTHER'S MAIDEN NAME: Abbie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Joseph J. Chrisman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
581.0 IMMEDIATE CAUSE (A) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH 6 yrs
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible] to March 20, 1955, that I last saw the deceased alive on March 20, 1955, and that death occurred at 1 P.M., from the causes and on the date stated above.
SIGNATURE J. H. Beachley M. D. ADDRESS Hagerstown Md. DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/22/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Mar 22 1955 | REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03085

CERTIFICATE OF DEATH

3096

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 mo. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring X
STREET ADDRESS (If rural give location) Rockdale Road 1

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) Charles (Last) Cleaveland

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: October 25, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months 4 Days 10 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired court clerk

10B. KIND OF BUSINESS OR INDUSTRY: State employee

11. BIRTHPLACE (State or foreign country): Lancaster, New Hampshire

12. CITIZEN OF WHAT COUNTRY? american

13. FATHER'S NAME: Charles Austin Cleaveland

14. MOTHER'S MAIDEN NAME: Sarah Twitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Paul S. Cleaveland Clearspring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196X

IMMEDIATE CAUSE (A) Cancer of Rt. Lung DUE TO

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 26 Jan 1955

19B. MAJOR FINDINGS OF OPERATION: Biopsy of Rt. Lung. Diag. Carcinoma

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 JAN, 1955, to 5 MAR, 1955, that I last saw the deceased alive on 5 MAR, 1955, and that death occurred at 11:00 A M, from the causes and on the date stated above.

SIGNATURE John J. Dahlia M. D. ADDRESS 115 King Street DATE SIGNED 5 MARCH 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3/8/55

NAME OF CEMETERY OR CREMATORY: Summer Street Cemetery

LOCATION (City, town, or county) (State): Lancaster, Coos, New Hampshir

DATE REC'D BY LOCAL REGISTRAR: Mar 5 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03086

3097

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 E. Baltimore St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 104 E. Baltimore St., 1

3. NAME OF DECEASED: (Type or Print) (First) Nevin (Middle) James (Last) Clingan

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 12, 1913

9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): core man

10B. KIND OF BUSINESS OR INDUSTRY: Pangborn Corp.

11. BIRTHPLACE (State or foreign country): Hanover, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Clingan

14. MOTHER'S MAIDEN NAME: Mayme Wintrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO. 215-14-2840

17. INFORMANT & ADDRESS: Mrs. Mildred Clingan Hagerstown, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 420.1	(A) arterio sclerotic myocardial	6yrs
ANTECEDENT CAUSE (S)	DUE TO coronary heart disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO acute coronary occlusion	10min
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1955, to Mar. 7, 1955, that I last saw the deceased alive on Feb. 18, 1955, and that death occurred at 10:30 p.M, from the causes and on the date stated above.

SIGNATURE, M. D. R. Robert Wells, M.D. ADDRESS 115 N. Potomac St.- Hagerstown, Md DATE SIGNED 3-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 3-10-55

NAME OF CEMETERY OR CREMATORY Rest Haven

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 10, 1955

REGISTRAR'S SIGNATURE Chas H. Towers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03087

3098 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 24½ Suter's Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) Rebecca (Last) Cook

4. DATE OF DEATH: (Month) Mar. (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb. 12, 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrisburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Divila Wolfe

14. MOTHER'S MAIDEN NAME: Mary Parthemore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Preston R. Cook, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 241X	(A) Arteriosclerotic Heart Disease	5 yr.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Chronic Bronchial Asthma with Bronchiectasis	10 yr.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1955 to Mar. 3, 1955, that I last saw the deceased alive on Mar. 2, 1955, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE A. D. Schneider M. D. ADDRESS Hagerstown, Maryland DATE SIGNED March 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-7-1955 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 5, 1955 | REGISTRAR'S SIGNATURE Ethel A. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03088

3099

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) 10 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. Co. MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03 1
STREET ADDRESS (If rural give location) 625 SOUTH POTOMAC ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SAVINGTON - WARNER - CRONISE

4. DATE OF DEATH: (Month) (Day) (Year) MARCH - 27 - 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: SEPT - 5 - 1905

9. AGE last birthday: 49 - 6 - 22 yrs. (IF UNDER 1 YEAR: Months; IF UNDER 24 HRS.: Days, Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRIVER -

10B. KIND OF BUSINESS OR INDUSTRY: LOCAL CAB CO.

11. BIRTHPLACE (State or foreign country): KEEDYSVILLE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN L. CRONISE

14. MOTHER'S MAIDEN NAME: BERTHA HOFFMASTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-05-0566

17. INFORMANT & ADDRESS: MRS. VIRGINIA JENNINGS - 1727 VIRGINIA AVE. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac Heart - 023X — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1955, to March 27, 1955, that I last saw the deceased alive on March 27, 1955, and that death occurred at 6.45 P.M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Boonsboro DATE SIGNED 3/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: MARCH. 30. 1955 — NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY — LOCATION (City, town, or county) (State): SHARPSBORG WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: Mar. 29. 1955 — REGISTRAR'S SIGNATURE: Ghast Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. LE VAN

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03089

3100

CERTIFICATE OF DEATH

Dr Earl Young

Reg. Dist. No. 302

Item 14, Film C179 3-31-55 e t

1. PLACE OF DEATH: Washington COUNTY — MARYLAND STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE — Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 101 So; Potomac St

3. NAME OF DECEASED: (First) CHARLES (Middle) LUTHER (Last) DALEY
4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Aug 17 1900	54 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Retired worked)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Far & Mer. Bank	Welsh Run Pa.	USA

13. FATHER'S NAME: Ezra Daley
14. MOTHER'S MAIDEN NAME: Elizabeth Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	-------	220-10- 3501	Mrs Bessie B. Emmert 107 Holburn Ave City

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 420.1	(A) DUE TO Myocardial Infarction	3/9/55
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary Arteriosclerosis	unknown
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/55, 19 p., to 3/21/55, 19 ..., that I last saw the deceased alive on 3/21/55, 19 ..., and that death occurred at 11:20 M, from the causes and on the date stated above.

SIGNATURE Earl Young M.D. ADDRESS 148 N. Potomac St., Hagerstown, Md. DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/22/55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 23 1955	Chas H. Bowers	Andrew K. Coffman	Hagerstown Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03090

3101

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 88 21 W. Antietam St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 21 W. Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) Magnus (Middle) Teeling (Last) Davies

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	March 31, 1886	68 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
clerk	aircraft factory	North Wales, Great Britain	U.S.

13. FATHER'S NAME: Rowland Davies

14. MOTHER'S MAIDEN NAME: Maria Teeling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no		212-14-7640	Ruth Davies, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary artery disease with
DUE TO (C) coronary insufficiency — 2 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25/45, to ....., 19....., that I last saw the deceased alive on March 2, 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS 148 N. Potomac St. Hagerstown, — DATE SIGNED 3/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3-5-55	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 4. 1955	Ghast Bowers	Scott F. Minnich & Son,	Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03091

3102

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Maryland
LENGTH OF STAY (in this place) 45yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland. 03
STREET ADDRESS (If rural give location) 46 Bloom Alley 1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) William (Last) Dean

4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: May 15 1875

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Eckington, Va.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert Dean

14. MOTHER'S MAIDEN NAME: Lucy Hawkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: George Dean 46 Bloom Alley.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH —

ANTECEDENT CAUSE (S) DUE TO (B) Broncho-Pneumonia — 2-4 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Undetermined

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan, 1954, to 3/28, 1955, that I last saw the deceased alive on 3/28, 1955, and that death occurred at 3:55 P.M., from the causes and on the date stated above.

SIGNATURE Victor D Miller M.D. ADDRESS 131 W. Washington St. Hagerstown Md. DATE SIGNED 3/31-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-1-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR Apr. 1. 1955

REGISTRAR'S SIGNATURE Chas. H. Beavers

24. FUNERAL DIRECTOR John R Watson ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03092

3103

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 S. Prospect St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown; STREET ADDRESS (If rural give location) 41 E. Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Clifford (Last) Diehl

4. DATE OF DEATH: (Month) (Day) (Year) March 4, 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: April 9, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sheet metal

10B. KIND OF BUSINESS OR INDUSTRY: aircraft factory

11. BIRTHPLACE (State or foreign country): Franklin Co., Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Diehl

14. MOTHER'S MAIDEN NAME: Eliza Harmony

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-4947

17. INFORMANT & ADDRESS: Mrs. Grace C. Diehl, Funkstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arterio-sclerotic Heart Disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25 1955, to Mar. 4, 1955, that I last saw the deceased alive on March 4, 19 55, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Sidney Rosenstein M.D. ADDRESS Funkstown Md DATE SIGNED 3-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 3-7-55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar 8 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Hagerstown

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03093

3144

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural Hancock
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hancock Md. X
STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) (Last) Digman

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: June 3.1883

9. AGE Last birthday: 71 yrs. If under 1 year: Months 9 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Orchard

11. BIRTHPLACE (State or foreign country): Washington County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Digman

14. MOTHER'S MAIDEN NAME: Mary Slagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Jessie Kerns Blue Hill Hancock R

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

433.1

Immediate cause (a): Ventricular Fibrillation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b):

(c):

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. H. Bradley (Degree or title) M.D. ADDRESS: Hagerstown Md DATE SIGNED: 3/24/55

23. BURIAL, CREMATION REMOVAL (Specify): Cemetery Burial

DATE THEREOF: 3.22.55

NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemmtery

LOCATION (City, town, or county) (State): Hancock Rural Washington Md.

DATE RECD BY LOCAL REG.: 3/22

REGISTRAR'S SIGNATURE: J. A. Miller

24. FUNERAL DIRECTOR: Howard F Gruve ADDRESS: Hancock Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03094

3145

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ROHRERSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROHRERSVILLE X
STREET ADDRESS (If rural give location) MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) HARRY - (Middle) GARFIELD (Last) EASTON

4. DATE OF DEATH: (Month) MARCH (Day) 8. (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: MARCH-26-1882

9. AGE last birthday 72-11-12 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CLERK

10B. KIND OF BUSINESS OR INDUSTRY: WHOLESALE GROCERY CO.

11. BIRTHPLACE (State or foreign country): ROHRERSVILLE WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL EASTON

14. MOTHER'S MAIDEN NAME: CATHERINE ROHRER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-18-2197

17. INFORMANT & ADDRESS: MRS. ADA EASTON ROHRERSVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 7 yr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary Artery Sclerosis — 7 yr.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1951, to March 8, 1955, that I last saw the deceased alive on March 7, 1955, and that death occurred at 1:30 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Hagerstown, Md. DATE SIGNED March 9, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF MARCH. 10. 1955 — NAME OF CEMETERY OR CREMATORY ROHRERSVILLE CEMETERY — LOCATION (City, town, or county) (State) ROHRERSVILLE WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR March 10-1955 — REGISTRAR'S SIGNATURE Mrs Katherine Dagenhart

24. FUNERAL DIRECTOR WM. F. BAST AND SONS — ADDRESS BOONSBORO MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. B. B. KNEISLEY 148 W. WASH. ST. HAGERSTOWN MD.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03095

3104

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Martin Manor Va. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 429 Summit Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Florence (Last) Fiery

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 28, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Beaver Creek Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Leatherman

14. MOTHER'S MAIDEN NAME: Emmaline Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: Dr. Roger L. Fiery Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X IMMEDIATE CAUSE (A) Carcinoma of Large Intestine — INTERVAL BETWEEN ONSET AND DEATH (?) 1 yr

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardio-Vascular Disease (?)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 0

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1954, to 3/26, 1955, that I last saw the deceased alive on 3/25, 1955, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Victor Duller

DR. VICTOR D. MILLER
131 W. WASHINGTON ST.
HAGERSTOWN, MD.

ADDRESS

DATE SIGNED 3/28-1955 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-29-55

NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

LOCATION (City, town, or county) (State) Near Clearspring Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 28. 1955

REGISTRAR'S SIGNATURE Chas. A. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son

ADDRESS Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3195 **CERTIFICATE OF DEATH** 03096

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown
STREET ADDRESS (If rural give location) R.F.D. #6

3. NAME OF DECEASED: (Type or Print) (First) Lizzie (Middle) May (Last) Foley

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: January 24, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 1 Days 15 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodpoint, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Minnebraker

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Bruce E. Moats Funkstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

290.0 IMMEDIATE CAUSE (A) Pernicious Anaemia — INTERVAL BETWEEN ONSET AND DEATH: 12-14yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Mar, 1955, to 9 Mar, 1955, that I last saw the deceased alive on 8 Mar, 1955, and that death occurred at 7.45A M, from the causes and on the date stated above.

SIGNATURE F F Lusby M. D. ADDRESS 230 N Potomac DATE SIGNED 10 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/11/55 — NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery — LOCATION (City, town, or county) (State) Cearfoss, Wash. Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 10. 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 013097

3106 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (In this place) LIFE
03
81 HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
03
1
STREET ADDRESS (If rural give location) 719 MEDWAY ROAD

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) BELLE (Last) GIFT

4. DATE OF DEATH: (Month) MARCH (Day) 23 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 1/17/1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH A. BAKER

14. MOTHER'S MAIDEN NAME: ANNA K. JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS. VIVIAN TURNER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.1

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Emphysema — 8 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 19 45 to 3/23, 1955, that I last saw the deceased alive on 3/23, 1955, and that death occurred at 1:20 P M, from the causes and on the date stated above.

SIGNATURE Robert V. Campbell M. D. ADDRESS Hagerstown Md DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/26/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR Mar. 25, 1955 — REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR W. T. Normoyle — ADDRESS Hagerstown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — Dr Packer 03098

3107

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town): 03 Hagerstown
LENGTH OF STAY (in this place): 38 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 360 So. Cannon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
STREET ADDRESS (If rural give location): 360 So. Cannon Ave

3. NAME OF DECEASED: (First) THOMAS (Middle) ------- (Last) GORMAN Jr.

4. DATE OF DEATH: (Month) (Day) (Year) March 27 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 25 1879

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Shovel Operator

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Buffalo N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Gorman Sr.

14. MOTHER'S MAIDEN NAME: Catherine Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): -------

16. SOCIAL SECURITY NO.: 213-10-6803A

17. INFORMANT & ADDRESS: Mrs Catherine R. Gorman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 491X — (A) DUE TO: Bronchopneumonia — 36 hours

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic myocardial insufficiency, Generalized arteriosclerosis — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1955, to March 27, 1955, that I last saw the deceased alive on March 27, 1955, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE: L L Packer Jr — ADDRESS: M. D. Hagerstown, Md — DATE SIGNED: 3/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 3/30/55 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar 28 1955 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03099

3178

Dr Earl Young

CERTIFICATE OF DEATH

Reg. Dist. No. 302.....

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 522 Indiana Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 522 Indiana Ave 1

3. NAME OF DECEASED: (First) LEWIS (Middle) URBAN (Last) GREEN Sr
4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Apr 16 1898	56 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer W.M.R.R.	Retired	Chester Pa	USA

13. FATHER'S NAME: William Green
14. MOTHER'S MAIDEN NAME: Charlotte Birney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes	W.W.# 1	705-10-7092	Mrs Ella Presgraves

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X
IMMEDIATE CAUSE (A) Myocardial Infarction — 24 hr
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive Arteriosclerotic Heart Disease — 8 yrs
DUE TO (C) Diabetes Mellitus — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1936 19.. to 3/15/55 19.., that I last saw the deceased alive on 3/13/55 19.., and that death occurred at 12:00 M, from the causes and on the date stated above.

SIGNATURE M. D. Earl Young ADDRESS Hagerstown DATE SIGNED 3/15/55

23. BURIAL, CREMATION REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/18/55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
MAR 17 1955	Ethel H. Bowers	Andrew K. Coffman	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03100

3109

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): 03 Hagerstown

LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Penna. — COUNTY Franklin

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greencastle 75 x-3

STREET ADDRESS (If rural give location): 15 Centre Square

3. NAME OF DECEASED: (Type or Print) (First) Victor (Middle) Davis (Last) Greenawalt

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/2/1888

9. AGE last birthday: 66 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Store Manager

10b. KIND OF BUSINESS OR INDUSTRY: American Stores Co.

11. BIRTHPLACE (State or foreign country): Franklin Co Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles C. Greenawalt

14. MOTHER'S MAIDEN NAME: Martha Mowen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: 173-03-2682

17. INFORMANT & ADDRESS: Mrs. Loretta Nelling, Waynesboro, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 416 X — (a) Coronary Occlusion — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(b) Rheumatic Heart Disease — 30 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1954, to Feb., 1955, that I last saw the deceased alive on Feb 15th, 1955, and that death occurred at 4:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul F. Wetzler MD — ADDRESS: Greencastle Pa. — DATE SIGNED: 3/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/4/1955 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Greencastle, Franklin Co. Penna

DATE REC'D BY LOCAL REGISTRAR: Mar. 2, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Powers

24. FUNERAL DIRECTOR: Harold M. Zimmerman — ADDRESS: Greencastle Pa

3110

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03101

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (In this place): 60 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Enroute to WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — 60 yrs
STREET ADDRESS (If rural, give location): 901 S. POTOMAC ST.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	WASHINGTON	GROVE	MARCH	30	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	12/20/1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED BAKER	OWN BAKERY	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DANIEL J. GROVE	CHRISTINA STECH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	214-09-4063	MR. WILLARD E. GROVE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Fractured skull - (hemorrhage & shock)	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: open fracture tibia & fibula, lt.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	-	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Hagerstown	Washington	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
3-30-55 8:20PM		Stepped into path of oncoming car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wells M.D.	115 N. Potomac St- Hagerstown, Maryland	4-1-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/2/55	St. Paul's Cemetery	Washington Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 1. 1955	Chas. H. Boward	W. T. Hormel	Hagerstown Md.

3111

03102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport, Maryland X
STREET ADDRESS (If rural, give location) Bower Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) EYSTER (Last) HARGETT

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 22, 1876

9. AGE last birthday: 78 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Hargett

14. MOTHER'S MAIDEN NAME: May Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-16-2920

17. INFORMANT AND ADDRESS: Mrs. Gertrude Hargett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3317 Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 54, to 29 March 19 55, that I last saw the deceased alive on 29 March 55, 19 55, and that death occurred at 9 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clue Haas M.D. Williamsport, Md. 29 March 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-1-55
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Apr. 1. 1955
REGISTRAR'S SIGNATURE: Chas. A. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman-Hagerstown, Md.

Harris

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03103

• 3112

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 23 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 09 24 West Side Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 24 West Side Ave

3. NAME OF DECEASED: (Type or Print) (First) LELIA (Middle) BEATRICE (Last) HARRIS

4. DATE OF DEATH: (Month) (Day) (Year) March 31 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 4 1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Magnolia W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sidney E. Whisner
14. MOTHER'S MAIDEN NAME: Katherine H. Hare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Henry W. Harris

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive cardio-vascular disease — 15 years (?)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1938, to 3/30, 1955, that I last saw the deceased alive on 3/30, 1955, and that death occurred at 7.20 A.M, from the causes and on the date stated above.

SIGNATURE John H Harris Coburn
ADDRESS M. D. 151 W. Washington St. Hagerstown Md.
DATE SIGNED 3/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/2/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 1 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03104

3113

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SMITHSBURG
STREET ADDRESS (If rural give location) E. WATER ST.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) HORN

4. DATE OF DEATH: (Month) MARCH (Day) 25 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: March 24, 1955
9. AGE last birthday ——— yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 24 Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Horn
14. MOTHER'S MAIDEN NAME: Erma Stough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT & ADDRESS: Mrs. Erma Horn, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Pulmonary Hyaline Membrane — INTERVAL BETWEEN ONSET AND DEATH 24 hr.

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity — —

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1955, to 3/25, 1955, that I last saw the deceased alive on 3/25, 1955, and that death occurred at 1:00 P M, from the causes and on the date stated above.

SIGNATURE Richard H. Young ADDRESS M. D. Hagerstown, Md. DATE SIGNED 3/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 3-26-55
NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery
LOCATION (City, town, or county) Towson (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 26, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Smithsburg

2035304311

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03105

3114

Dr Boyer

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown RFD 6 X
STREET ADDRESS (If rural give location) Paramount /

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) BLANCHE (Last) HOUSE

4. DATE OF DEATH: (Month) (Day) (Year) March 14 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jany 14 1879
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Fiddlesburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Leckron
14. MOTHER'S MAIDEN NAME: Eurilla Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Clarence House

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Heart Failure DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/55, 19..., to 3/14/55, 19..., that I last saw the deceased alive on 3/14/55, 19..., and that death occurred at 4:P M, from the causes and on the date stated above.
SIGNATURE D. J. Boyer M. D.
ADDRESS 135 N. Potomac St., Hagerstown Md.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3/17/55
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 16 1955
REGISTRAR'S SIGNATURE: Edward H Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03106

Dr Campbell

3115

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 Hagerstown
LENGTH OF STAY (in this place): 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 44 McKee Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
STREET ADDRESS (If rural give location): 44 McKee Ave

3. NAME OF DECEASED: (Type or Print) (First) ROBERTA (Middle) BANFORD (Last) HECK

4. DATE OF DEATH: (Month) (Day) (Year) March 11 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 25 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Marker

14. MOTHER'S MAIDEN NAME: Maggie Reel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Vernon W. Heck

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Coronary occlusion	10 min
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary sclerosis	3 years
	(C) DUE TO Arteriosclerosis	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Myocardial infarction, healed	3 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to March 11, 1955, that I last saw the deceased alive on March 11, 1955, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE: L L Parker Jr M. D. — ADDRESS: Hagerstown md — DATE SIGNED: 3/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3/14/55

NAME OF CEMETERY OR CREMATORY: Mt View Cemetery

LOCATION (City, town, or county) (State): Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 14. 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03107

Dr Hirshman 302

3116 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 0 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 337 So Cannon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 337 So Cannon Ave 1

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) STAUBS (Last) HEMPHILL

4. DATE OF DEATH: (Month) (Day) (Year) Mar 26 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: July 2 1867

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah T. Staubs

14. MOTHER'S MAIDEN NAME: Savilla C. Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Paul M. Kline

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8th, 1955, to March 26th, 1955, that I last saw the deceased alive on March 25th 1955, and that death occurred at 9:15 M, from the causes and on the date stated above.

SIGNATURE Thos. M. Keenan M.D. ADDRESS Hagerstown Md DATE SIGNED 3/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/29/55

NAME OF CEMETERY OR CREMATORY Mt. View Cemetery

LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 28. 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03108

CERTIFICATE OF DEATH

3117

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) MARYLAND 1 week
03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital
81

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 126 West Howard St.
03
1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Herman (Last) Herbert

4. DATE OF DEATH: (Month) March (Day) 29, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 8, 1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months 10 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Eastern Shore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Herbert

14. MOTHER'S MAIDEN NAME: Anna Belle Pitzer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 216-10-4470

17. INFORMANT & ADDRESS: George Herbert Jr. Williamsport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Metastatic Carcinoma — Interval Between Onset And Death: 2 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma Bladder — 6 mos

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 19 55, to 3/29, 19 55, that I last saw the deceased alive on 3/29, 19 55, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert W. Campbell M.D. ADDRESS Hagerstown md DATE SIGNED 3/30/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 1, 1955

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Williamsport, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 31, 1955

REGISTRAR'S SIGNATURE Stuart A. Beevers

24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

03109

3118

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) 610 West Franklin Street

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) Blanche (Last) Herbert
4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	April 9 1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Park Head, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John W. Mc Allister
14. MOTHER'S MAIDEN NAME: Georgianna Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 219-20-2807
17. INFORMANT AND ADDRESS: Howard Herbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155 Immediate cause (a) Carcinoma of Gallbladder — 6 months.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 17 March 1955
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Gallbladder with mets. to Liver
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to 31 March, 1955, that I last saw the deceased alive on 30 March, 1955, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jane Haak M.D. Williamsport, Md 31 March 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/2/55	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG. Apr. 1. 1955
REGISTRAR'S SIGNATURE Ethel H Bowers
24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman. Hagerstown, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03110

3119 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 636 Washington Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 636 Washington Avenue

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Herrmann

4. DATE OF DEATH: (Month) Mar. (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 21, 1893

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months 0 Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Distributor

10B. KIND OF BUSINESS OR INDUSTRY: Own own business

11. BIRTHPLACE (State or foreign country): Latrobe, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Herrmann

14. MOTHER'S MAIDEN NAME: Catherine Phoebe Cramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Edward Herrmann Hagerstown, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) arterio sclerotic coronary	
ANTECEDENT CAUSE (S)	DUE TO heart disease	3yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260 X)	(B) DUE TO acute coronary occlusion	1½hrs
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes M.	8yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. , 1943 to 3-21 , 1955, that I last saw the deceased alive on 3-21 , 1955, and that death occurred at 2:10 A M, from the causes and on the date stated above.

SIGNATURE M. D. Robert Wells ADDRESS 115N. Potomac St-Hag. Md. DATE SIGNED March 22 '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-24-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 24, 1955

REGISTRAR'S SIGNATURE Chas. H. Boccers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3120

Item 16 film C179 3/21/55

CERTIFICATE OF DEATH

Reg. Dist. No. 03111

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Hagerstown COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 121 South Locust Street

3. NAME OF DECEASED: (First) Joseph (Middle) Herbert (Last) Hines

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 30, 1879	75 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if Retired) Bridge Builder W. Md. R.R.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Locust Grove, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hines
14. MOTHER'S MAIDEN NAME: Susan Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 1[illegible]5443 705-10-5943
17. INFORMANT & ADDRESS: Mrs. Mary A. Hines

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 292.4 (A) Aplastic Anemia — 8 wks.
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Poly Cy Anemia Vera — 5 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 19 55, to March 10, 19 55, that I last saw the deceased alive on March 10, 19 55, and that death occurred at 830 M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Hagerstown DATE SIGNED 3/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/13/55	Rest Haven Cemetery	Hagerstown ? MD.

DATE REC'D BY LOCAL REGISTRAR March 11 1955
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03112

3121

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 414 McDowell Ave., 1

3. NAME OF DECEASED: (Type or Print) (First) Adolph (Middle) C (Last) Hottle

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 1, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10B. KIND OF BUSINESS OR INDUSTRY: Holzapfel Farm

11. BIRTHPLACE (State or foreign country): Woodstock, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-20-4776

17. INFORMANT & ADDRESS: Richard Manspeaker Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

IMMEDIATE CAUSE (A) Carcinoma Bladder — INTERVAL BETWEEN ONSET AND DEATH: 16 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-, 1954, to 3-23., 1955, that I last saw the deceased alive on 3-23-, 1955., and that death occurred at 5 P. M, from the causes and on the date stated above.

SIGNATURE J. W Dotts M.D. ADDRESS Hagerstown Md. DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-26-55

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar 25 1955

REGISTRAR'S SIGNATURE Blanch H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03113

3146 **CERTIFICATE OF DEATH** Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL
LENGTH OF STAY (in this place) 20 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural give location) BOONSBORO MD. R.2.

3. NAME OF DECEASED: (Type or Print) (First) VERNON (Middle) E (Last) HUTZELL

4. DATE OF DEATH: (Month) MARCH (Day) 1 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: FEBRUARY 21 1881
9. AGE last birthday: 74-0-10 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER - OWN FARM
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): FREDERICK COUNTY MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JONAS HUTZELL
14. MOTHER'S MAIDEN NAME: ALICE HOUSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: CLIFFORD HUTZELL BOONSBORO MD. R.2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1
IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mos. 11 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cardiac Dropsy — " "
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1954, to March 1, 1955, that I last saw the deceased alive on Feb. 28, 1955, and that death occurred at 4-15 A.M, from the causes and on the date stated above.

SIGNATURE J. Hubert Nash M. D. ADDRESS Boonsboro Md. DATE SIGNED March 2. 1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF MARCH 4. 1955
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR March 4. 1955
REGISTRAR'S SIGNATURE John N. Bast
24. FUNERAL DIRECTOR ADDRESS Wm. F. BAST AND SONS BOONSBORO MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03114

3122

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Maryland
LENGTH OF STAY (in this place) 35yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 W. North Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland. 03
STREET ADDRESS (If rural give location) 37 W. North Street.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Clinton (Last) Jackson

4. DATE OF DEATH: (Month) Mar (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 22 1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10B. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Aaron Jackson

14. MOTHER'S MAIDEN NAME: Virginia Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 32-160-668

17. INFORMANT & ADDRESS: Mrs. Louise Jackson, 37 W. North St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0002X

IMMEDIATE CAUSE (A) Pulmonary T.B

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1955, to 3-23, 1955, that I last saw the deceased alive on 3-23, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE M. D. L. W. Allen ADDRESS Hagerstown Md DATE SIGNED 3/

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Mar 26 1955 | NAME OF CEMETERY OR CREMATORY Tolson Cemetery | LOCATION (City, town, or county) (State) Sharpsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 22-1955 | REGISTRAR'S SIGNATURE Edward H. Bowers | 24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3147

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03115

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gatlway Convalescent Home Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 01-02-2
STREET ADDRESS (If rural, give location) 235 Averitt Ave

3. NAME OF DECEASED (Type or Print) (First) Patrick (Middle) (Last) Kean

4. DATE OF DEATH (Month) (Day) (Year) March 11, 1955

5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Mar. 14th 1867 | 9. AGE last birthday 87 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Operator
10b. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (State or foreign country) Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Patrick E. Kean
14. MOTHER'S MAIDEN NAME Mary Mulligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Ella Mae Muller. 235 Averitt Ave Cumberland. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Myocardial Sclerosis	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Sclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 24, 1955, to Mar 11, 1955, that I last saw the deceased alive on Mar 11, 1955, and that death occurred at 11.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David R. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 3/14/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/15/55 | NAME OF CEMETERY OR CREMATORY Pbrlos Cemetery | LOCATION (City, town, or county) Westernport (State) Md

DATE REC'D BY LOCAL REG. March 14, 1955 | REGISTRAR'S SIGNATURE Charles Bowers | 24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03116

3123

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 345 North Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 345 North Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Hughes (Last) Keller

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 14, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 9 Days 24 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. Franklin Keller

14. MOTHER'S MAIDEN NAME: Helen Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-26-5016

17. INFORMANT & ADDRESS: Mrs. Elizabeth Shervin Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.2 IMMEDIATE CAUSE (A) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8/55 19..., to 3/8/55, 19..., that I last saw the deceased alive on 3/8/55, 19..., and that death occurred at 3P M, from the causes and on the date stated above.

SIGNATURE H. N. Wertz, M.D. ADDRESS 100 N Potomac Hagerstown Md DATE SIGNED 3/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3/10/55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Wash., Maryland

DATE REC'D BY LOCAL REGISTRAR: MAR 10 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons ADDRESS: Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03117

Dr. E.W. 3124 Ditto, Jr. **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 34 yrs.
03
HOSPITAL OR INSTITUTION OR STREET ADDRESS 833 Maryland Ave.
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
03
1
STREET ADDRESS (If rural give location) 833 Maryland Ave.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) MOTTER (Last) KREGELO

4. DATE OF DEATH: (Month) March (Day) 3, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 16, 1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator

10B. KIND OF BUSINESS OR INDUSTRY: Trans. Business

11. BIRTHPLACE (State or foreign country): Mayberry, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Kregelo

14. MOTHER'S MAIDEN NAME: Barbara J. Fair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. 220-09-7248

17. INFORMANT & ADDRESS: Josphine F. Kregelo

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 450.0 (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Senility arteriosclerosis — 10 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1955, to 3-3, 1955, that I last saw the deceased alive on 3-2-, 1955, and that death occurred at 9:30 M, from the causes and on the date stated above.

SIGNATURE & M.D. E W Ditto ADDRESS Hagerstown Md DATE SIGNED 3/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-6-55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 4 1955 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03118

3125 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 720 Guilford Avenue

3. NAME OF DECEASED: (First) Thomas (Middle) Robins (Last) Landing

4. DATE OF DEATH: (Month) Mar. (Day) 19 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 16, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 5 Days 3 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engine Inspector

10B. KIND OF BUSINESS OR INDUSTRY: W. M. R. R. Co.

11. BIRTHPLACE (State or foreign country): Durants Neck, North Carolina, U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jackson Landing

14. MOTHER'S MAIDEN NAME: Arbecia Robins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY NO. 705-10-4638

17. INFORMANT & ADDRESS: Mrs. Lelia Landing, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Adeno-carcinoma Sigmoid with — INTERVAL BETWEEN ONSET AND DEATH: 1yr+

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) generalized metastasis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 2 Mar 55

19B. MAJOR FINDINGS OF OPERATION: adeno carcinoma sigmoid

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan, 1955, to 19 Mar, 1955, that I last saw the deceased alive on 19 Mar, 1955, and that death occurred at 450P M. from the causes and on the date stated above.

SIGNATURE F F Lusby M. D. ADDRESS 230 N Potomac DATE SIGNED 21 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3-22-1955

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Suffolk, Va.

DATE REC'D BY LOCAL REGISTRAR: Mar 21 1955

REGISTRAR'S SIGNATURE: C Hall Powers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

03119

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3148 **CERTIFICATE OF DEATH** Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown rural
LENGTH OF STAY (in this place) 26 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 17 N. Mulberry St.,

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) - (Last) Lias Jr.

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 17, 1868

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY: painter

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lias Sr.

14. MOTHER'S MAIDEN NAME: Sarah Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Frank M. Lias Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Cardio-Vascular Disease — Few years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Inguinal Hernia - Hemorrhoids - Hydrocele Intestinal Hemorrhage - Enlarged Prostate

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1954 to Mar. 1, 1955, that I last saw the deceased alive on Jan. 18, 1955, and that death occurred at 8:45 A. M, from the causes and on the date stated above.

SIGNATURE H. M. Campbell M.D. ADDRESS 145 N. Washington St Hagerstown Md. DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-3-55 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar 2 55 — REGISTRAR'S SIGNATURE Leroy M. Tocklin (Deputy)

24. FUNERAL DIRECTOR Fred W. Kraiss — ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03120

3126 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Assembly of God Church

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1017 Main Avenue

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) MAY (Last) LUSHBAUGH

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: July 29, 1896 | 9. AGE last birthday: 58 yrs. | IF UNDER 1 YEAR: Months 7 Days 10 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Kaybee Clothing Store
11. BIRTHPLACE (State or foreign country): Big Pool, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Gearhart
14. MOTHER'S MAIDEN NAME: Emma Lochbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-12-1578
17. INFORMANT & ADDRESS: Lester Lushbaugh Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — 10 mins.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertensive cardiovascular disease — 17 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 at intervals since to March 9, 1955 that I last saw the deceased alive on March 9, 1955, and that death occurred at 9:50 P.M. from the causes and on the date stated above.

SIGNATURE William T. Layman M. D. ADDRESS 100 Professional Arts Bldg. Hagerstown, Maryland DATE SIGNED 3-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/12/55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Wash. Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 12, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3149 CERTIFICATE OF DEATH

Reg. Dist. No. 03124

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural R.F.D.1 Hancock

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Washington COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R.F.D.1 Hancock X

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	Susan	Gerturde	McKnight		3	6	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 27.1872	82 yrs.	10	7		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Washington County Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Donegan	Susan Clay

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Thomas J McKnight Hancock Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 24 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1955, to 3-6, 1955, that I last saw the deceased alive on 3-6, 1955, and that death occurred at 10:15 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert R. Tobias	M.D.	Hancock-Md	3-8-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3.9.55	St Patrick Cemetery	Little Orleans Allegheny Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-9-55	J. A. Keller	Howard J. Grove	Hancock md

VS. A15

3150 MARYLAND STATE DEPARTMENT OF HEALTH 03122

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 316

Iter 9, Film G179 3-23-55 et

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X KEEDYSVILLE - RURAL
LENGTH OF STAY (in this place): 18 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KEEDYSVILLE MD. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KEEDYSVILLE RURAL X
STREET ADDRESS (If rural, give location): KEEDYSVILLE MD. R.1

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) H (Last) MILLER

4. DATE OF DEATH: (Month) MARCH (Day) 12 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MARCH-4-1898 AGE: 57/11/04 yrs.

9. AGE last birthday: If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GUARD - FAIRCHILD AIRCRAFT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BURKETTSVILLE FRED. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALBERT MILLER

14. MOTHER'S MAIDEN NAME: BESSIE SIGLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES.
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: MRS. JOHN O. BOYER KEEDYSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8
Immediate cause (a) suffocation by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Little Antietam Creek- Rural-Keedysville, Wash. Co., Md.
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 3-11-55 10PM m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Found dead in creek

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* X.

SIGNATURE (Degree or Title): DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS: 115 N. Potomac St-Hagerstown, Md.
DATE SIGNED: 3-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: MARCH-15-1955
NAME OF CEMETERY OR CREMATORY: UNION CEMETERY
LOCATION (City, town, or county) (State): BURKETTSVILLE FRED. Co. MD.

DATE REC'D BY LOCAL REG.: March 15-1955
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: WM. F. BAST AND SONS
ADDRESS: BOONSBORO MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3127

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03123

Dr. Ditto III

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 20 S. Cannon Ave.

3. NAME OF DECEASED: (Type or Print) (First) GROVER (Middle) CLEVELAND (Last) MONGAN

4. DATE OF DEATH: (Month) Mar. (Day) 1, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 3, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Molder

10B. KIND OF BUSINESS OR INDUSTRY: Metal Worker

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otho Mongan

14. MOTHER'S MAIDEN NAME: May Ellen Moats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. 218-01-1488

17. INFORMANT & ADDRESS: Jessie H. Mongan

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.0 (A) DUE TO Cerebral Arterio Sclerotic Heart Disease — 1 yr

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-, 1955, to 3-1-, 1955, that I last saw the deceased alive on 3-1-, 1955, and that death occurred at 7:45 M, from the causes and on the date stated above.

SIGNATURE L. W. Ditto III M.D. ADDRESS Hagerstown DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 3-4-55

NAME OF CEMETERY OR CREMATORY: Manor Cemetery

LOCATION (City, town, or county) (State): nr. Tilghmanton, Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 4, 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman-Hagerstown, Md. ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03124

3128 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1
STREET ADDRESS (If rural give location) 433 Jefferson St.,

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Marcella (Last) Mosser

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Dec. 26, 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Mercersburg, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cecil Myers

14. MOTHER'S MAIDEN NAME: Susan Brubaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Raymond Sprankle Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Mesenteric Thrombosis — 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chr. Myocarditis — 6 yrs

DUE TO

(C)

H 22.2

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-, 19 55, to 3-6, 19 55, that I last saw the deceased alive on 3-5-, 19 55, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE L. W. Otto M.D. ADDRESS Hagerstown Md. DATE SIGNED 3/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Mar. 9, 1955 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Greencastle Pa.

DATE REC'D BY LOCAL REGISTRAR Mar 8, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03125

CERTIFICATE OF DEATH

3129

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 135 N. Cannon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 135 N. Cannon Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Belle (Last) Musey

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 4, 1881

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel White

14. MOTHER'S MAIDEN NAME: Julia Bassett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT & ADDRESS: Guy C. Musey Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive cardio-vascular disease — 2

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 9, 1955, to Mar. 20, 1955, that I last saw the deceased alive on Mar. 19, 1955, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE M. D. R. L. Bell ADDRESS Hagerstown, Md. DATE SIGNED Mar. 22, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-23-55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 23, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03126

3151

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Hancock Md

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Washington COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock Md. X

STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (Type or Print) (First) Fanny (Middle) O (Last) Orndorff

4. DATE OF DEATH: (Month) 3. (Day) 17 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Jan 5.1886

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months 2 Days 11 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Morgan County W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Robert Gate

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Irene Faith Hancock Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to 3-17, 1955, that I last saw the deceased alive on 3-10, 1955, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE Herbert R. Tobias (Degree or title) M.D. ADDRESS Hancock-md. DATE SIGNED 3-19-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3.20.55 — NAME OF CEMETERY OR CREMATORY House of Jacob Cemetery — LOCATION (City, town, or county) (State) Hancock Md Washington Md

DATE REC'D BY LOCAL REGISTRAR 3-20-55 — REGISTRAR'S SIGNATURE J. A. Heller

24. FUNERAL DIRECTOR Howard J. Hose — ADDRESS Hancock Md

3152 MARYLAND STATE DEPARTMENT OF HEALTH 03127

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INKS. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithsburg Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; STREET ADDRESS (If rural, give location) Smithsburg Md

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Emanuel (Last) Otero

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1955

5. SEX: Male

6. ~~COLOR~~ OR RACE: Porto Rican

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 16, 1951

9. AGE last birthday: 3 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waynesboro Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Victor E Otero

14. MOTHER'S MAIDEN NAME: Mary F. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Victor E. Otero Smithsburg Md. R.D.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.0

Immediate cause (a) Suffocation by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Smithsburg R.D. 2 (CITY OR TOWN) Washington (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 - 12 - 55 11:30 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Drowned in pond at rear of home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural cause ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Mellott M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS: 115 N. Potomac St., Hagerstown, Md. DATE SIGNED: March 12-55

BURIAL, CREMATION OR REMOVAL (Specify): Burial; DATE THEREOF: 3/15/1955; NAME OF CEMETERY OR CREMATORY: Green Hill; LOCATION (City, town, or county) (State): Waynesboro Pa.

DATE REC'D BY LOCAL REG.: Mar 14-55; REGISTRAR'S SIGNATURE: Geo W Ferguson; FUNERAL DIRECTOR: Walter Y Hoar; ADDRESS: Waynesboro, Pa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03128

3130

Item 8, Film G178 3-17-55 e.t

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 2113 PENNSYLVANIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) ALVIN (Middle) THEODORE (Last) PADEN

4. DATE OF DEATH: (Month) MARCH (Day) 9 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 4/20/1916

9. AGE last birthday 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INVALID

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM PADEN

14. MOTHER'S MAIDEN NAME: DAISY TROVINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: NR. PAUL M. PADEN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

587.0 IMMEDIATE CAUSE (A) Acute pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congenital Spastic

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Mar, 1955, to 9 Mar, 1955, that I last saw the deceased alive on 8 Mar, 1955, and that death occurred at 5:55 AM, from the causes and on the date stated above.

SIGNATURE Edward Woodward M. D. ADDRESS Hagerstown Md DATE SIGNED 3/10/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial — DATE THEREOF 3/11/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar 10 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. J. Normentl ADDRESS Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. WM. T. LAYMAN
PROFESSIONAL ARTS BLDG.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03129

3153

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X MT. LENA
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LENA X
STREET ADDRESS (If rural give location) BOONSBORO MD. R.2

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) IRENE (Last) REESE

4. DATE OF DEATH: (Month) MARCH (Day) 14. (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: OCTOBER 27 1889

9. AGE last birthday 65-4-17 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MT. LENA WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM L. HARSHMAN

14. MOTHER'S MAIDEN NAME: JENNIE WINDERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: IRA D. REESE BOONSBORO WASH. Co. MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Coronary Thrombosis (new) — INTERVAL BETWEEN ONSET AND DEATH: 15 mins.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic heart disease — 20 years
DUE TO (C) Hypertensive cardiovascular disease — 20 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Aneurism Thoracic Aorta, probably ruptured — indeterminate

19A. DATE OF OPERATION: None 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1940 to Mar 14, 1955, that I last saw the deceased alive on Mar. 14, 1955, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE William T. Layman, M.D. ADDRESS 100 Professional Arts Bldg. Hagerstown, Maryland DATE SIGNED 3/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF MARCH 17 1955

NAME OF CEMETERY OR CREMATORY MT. LENA CEMETERY

LOCATION (City, town, or county) (State) MT. LENA WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR March 17 1955

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR ADDRESS Wm. F. BAST AND SONS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03130

3154

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown — 10X-2
STREET ADDRESS (If rural give location) West Main Sts.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Charles Koople Rhoderick

4. DATE OF DEATH: (Month) (Day) (Year) March 31, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W.	Married	March 3, 1868	87 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Reporter	News Paper	Maryland	U.S.

13. FATHER'S NAME: George Carlton Rhoderick

14. MOTHER'S MAIDEN NAME: Ellen Hoople

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Grace M. Rhoderick

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
447X IMMEDIATE CAUSE	(A) Generalized arteriosclerosis	6 yrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hypertension	10 yrs
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1952, to March 31, 1955, that I last saw the deceased alive on March 30, 1955, and that death occurred at 1100 M, from the causes and on the date stated above.

SIGNATURE G W Wilson M. D. ADDRESS Boonsboro DATE SIGNED 4/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 3, 55	Lutheran Cem.	Middletown, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April - 1 - 1955	John A. Bart	Gladhill Co.	Middletown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03131

3131

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Item 8, Film 0179 3-21-55 et

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 54 YRS.
03
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9a CARLOCK CONV. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural give location) 301 S. MULBERRY ST.

3. NAME OF DECEASED: (Type or Print) (First) HUGH (Middle) DORSEY (Last) SAUM

4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 5/25/1874

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED GROCER

10B. KIND OF BUSINESS OR INDUSTRY: OWN STORE

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MILTON H. SAUM

14. MOTHER'S MAIDEN NAME: ELIZABETH KOONTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-30-9582

17. INFORMANT & ADDRESS: MRS. CATHERINE C. SAUM HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Severe Generalized Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs +

ANTECEDENT CAUSE (S): DUE TO Vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1955, to 13 Mar, 1955, that I last saw the deceased alive on 13 Mar, 1955, and that death occurred at 10 50 P M. from the causes and on the date stated above.

SIGNATURE F F Lusby ADDRESS M. D. 230 W Wilson DATE SIGNED 15 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 3/16/55 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar 15 1955 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR W. J. Rowland ADDRESS Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Countersigned
S. Robert Wood M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03132

CERTIFICATE OF DEATH

Reg. Dist. No. 302

D.W.E. Wash. Co 3/4/55

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural-Williamsport
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 HOMEWOOD Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Williamsport X
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) A (Last) SCHLEUSS

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: June 13, 1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months 8 Days 20 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEVER WORKED

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Schleuss

14. MOTHER'S MAIDEN NAME: Matilda Zwing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Rev. Mark G. Wagner. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE — Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO — Arteriosclerotic Heart Disease — 6 yrs

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1955, to 3-3-, 1955, that I last saw the deceased ~~alive~~ on 3-3-55, 19 ..., and that death occurred at Noon M, from the causes and on the date stated above.

SIGNATURE J. W. Duffy ADDRESS M.D. Hagerstown, Md. DATE SIGNED 3/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 3/4/55
NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery
LOCATION (City, town, or county) (State): Martinsburg, W. Virginia

DATE REC'D BY LOCAL REGISTRAR: Mar. 4. 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C.M. Suter & Sons ADDRESS: Hagerstown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03133

3132 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03 68½ E. Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1
STREET ADDRESS (If rural give location) 68½ E. Franklin St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) -- (Last) Schulze

4. DATE OF DEATH: (Month) Mar (Day) 14 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 10, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if Physician

10B. KIND OF BUSINESS OR INDUSTRY: Medicine

11. BIRTHPLACE (State or foreign country): Monroe La.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Schulze

14. MOTHER'S MAIDEN NAME: Hannah Schulze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-18-2088

17. INFORMANT & ADDRESS: Ellan Janney Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0027 IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSE (S) DUE TO (B) Hypertrophic Cardiovascular disease ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ✓

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A. DATE OF OPERATION: 0 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1955, to 3/14, 1955, that I last saw the deceased alive on 3/7, 1955, and that death occurred at 10:05 A. M, from the causes and on the date stated above.

SIGNATURE Wm Duiller M. D. ADDRESS 13 W. Washington St Hagerstown Md DATE SIGNED 3/16-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-16-55 | NAME OF CEMETERY OR CREMATORY Mt. Hebron Cemetery | LOCATION (City, town, or county) (State) Winchester Va.

DATE REC'D BY LOCAL REGISTRAR Mar. 14, 1955 | REGISTRAR'S SIGNATURE Chas. H. Hoovers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03134

3133

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md. X
STREET ADDRESS (If rural give location) Chaplain Street 1

3. NAME OF DECEASED: (Type or Print) (First) Della (Middle) Virginia (Last) Scott

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 27 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 3 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clinton Houser

14. MOTHER'S MAIDEN NAME: Ada Mose

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Sharpsburg Md. Mr. Keller Scott Chaplain St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart — Interval Between Onset And Death: 4 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) with fibrillation

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION 0 — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to March, 1955, that I last saw the deceased alive on March 22, 1955, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Boonsboro — DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 25-55 — NAME OF CEMETERY OR CREMATORY Mt. View Cemetery — LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 25, 1955 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Albert L Leaf — ADDRESS Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03135

3156 **CERTIFICATE OF DEATH** Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X rural Smithsburg
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 RFD 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Smithsburg X
STREET ADDRESS (If rural give location) RFD 2 1

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Clyde (Last) Shaver

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: March 18, 1895

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): manager

10B. KIND OF BUSINESS OR INDUSTRY: canning factory

11. BIRTHPLACE (State or foreign country): Louisana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel A. Shaver

14. MOTHER'S MAIDEN NAME: Carrie Propst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 3

16. SOCIAL SECURITY NO. 217-10-3117

17. INFORMANT & ADDRESS: Mrs. Luella Shaver, Smithsburg, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 420.0	(A) Cerebral embolism	Instant.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X)	DUE TO (B) Arterio-sclerotic heart disease	20 years
	DUE TO (C) Diabetes Mellitus (mild) - Diet. recently	35
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Mar. 28, 1955, that I last saw the deceased alive on Mar. 25, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Walter Richmond M.D. ADDRESS Waynesboro Pa DATE SIGNED 3-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 3-30-55

NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery

LOCATION (City, town, or county) (State) Thurmont, Md.

DATE REC'D BY LOCAL REGISTRAR Mar 30-1955

REGISTRAR'S SIGNATURE Geo W. Ferguson

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Smithsburg

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03136

3134 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) 60 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 615 N. PROSPECT ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 615 N. PROSPECT ST. 1

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) LOUISE (Last) SHILLING

4. DATE OF DEATH: (Month) MARCH (Day) 21 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, (WIDOWED) DIVORCED. (Specify):

8. DATE OF BIRTH: 9/15/1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE P. CROWL

14. MOTHER'S MAIDEN NAME: MARY EUGENIA WOLFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-18-1215

17. INFORMANT & ADDRESS: MRS. LILLIE WAITS HAGERSTOWN MD.

3

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

IMMEDIATE CAUSE (A) Squamous cell carcinoma of uterus — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs (?)

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1938, to 3/21, 1955, that I last saw the deceased alive on 3/21, 1955, and that death occurred at 11 a. M, from the causes and on the date stated above.

SIGNATURE John H. Homecker M.D. ADDRESS 154 W. Washington St Hagerstown Md. DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/23/55 — NAME OF CEMETERY OR CREMATORY Greenlawn Cem. — LOCATION (City, town, or county) (State) Williamsport Wash. Md.

DATE REC'D BY LOCAL REGISTRAR Mar 22, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. T. Norment — ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03137

3157 CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock Md
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock Maryland
STREET ADDRESS (If rural give location): 48 East Main St.

3. NAME OF DECEASED: (First) William (Middle) Jacob (Last) Shoemaker
4. DATE OF DEATH: (Month) March (Day) 4 (Year) 19 55
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 22/1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 5 Days 9 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Engineer Operator
10b. KIND OF BUSINESS OR INDUSTRY: Sand Mines
11. BIRTHPLACE (State or foreign country): Washington County Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Shoemaker
14. MOTHER'S MAIDEN NAME: Mathilda Shives
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Mabel S Hiles 48 E.Main st Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.0 (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 5 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronicnephritis — unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30 50, to March 4, 55, that I last saw the deceased alive on Feb. 24 55, and that death occurred at 7.30 am, from the causes and on the date stated above.

SIGNATURE: Julius Robert Cohen (Degree or title) M. D. ADDRESS: Clear Spring, Maryland DATE SIGNED: March 4, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3.7.55
NAME OF CEMETERY OR CREMATORY: Episcopal Cemetery
LOCATION (City, town, or county) (State): Hancock Washington Md

DATE REC'D BY LOCAL REGISTRAR: 3-7-55
REGISTRAR'S SIGNATURE: J. A. Miller
24. FUNERAL DIRECTOR: Howard J. Stone
ADDRESS: Hancock Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03138

3135

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md | LENGTH OF STAY Rfd #1 (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Boonsboro Pike~~ Hagerstown Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFd #1
STREET ADDRESS (If rural, give location) Boonsboro Pike

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Starliper

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 23 1890

9. AGE last birthday: 64 yrs. | If under 1 year: Months 2 Days 21 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sharpsburg Dist

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John William Starliper

14. MOTHER'S MAIDEN NAME: Anna Azella Hebb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) World War

16. SOCIAL SECURITY NO.: 220-16-2851

17. INFORMANT AND ADDRESS: Delilah H. Starliper Boonsboro Pike RFD Williamsport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fractured skull (hemorrhage & shock)	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. crippling arthritis of knees

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY at home | (CITY OR TOWN) Rural - Williamsport | (COUNTY) Washington | (STATE) Md.

TIME OF INJURY (Month) Mar. (Day) 15 (Year) 55 (Hour) 4:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Fell down dark stair steps

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St- Hagerstown, Md. DATE SIGNED 3-16-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF March 18-55 | NAME OF CEMETERY OR CREMATORY Mt. View Cemetery | LOCATION (City, town, or county) Sharpsburg Md. (State)

DATE REC'D BY LOCAL REG. Mar. 16. 1955 | REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Edith V. Leaf | ADDRESS Williamsport Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03139

3136

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 HAGERSTOWN
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 501 Indiana Ave 1

3. NAME OF DECEASED: (Type or Print) (First) Lora (Middle) Belle (Last) Talbott

4. DATE OF DEATH: (Month) Mar (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec 4, 1897

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Shenandoah Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hubert Attwood

14. MOTHER'S MAIDEN NAME: Rose Attwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 235-18-7042

17. INFORMANT & ADDRESS: Geo. Dewey Talbott 501 Indiana Ave Hagerstown, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0 IMMEDIATE CAUSE (A) Acute lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH 4 mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1954 to March 14, 1955, that I last saw the deceased alive on March 14, 1955, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

SIGNATURE Phyllis Kuhlman M.D. ADDRESS Hagerstown Md DATE SIGNED 3/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Mar 17, 1955 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar 16 1955 — REGISTRAR'S SIGNATURE Chas H. Bowers — 24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. — ADDRESS Hagerstown Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03140

CERTIFICATE OF DEATH

3158

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sandy Hook
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sandy Hook
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edgar (Last) Viets

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 31-1873	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer, Orchardist	Orchard	Maryland	

13. FATHER'S NAME: Cornelius Viets

14. MOTHER'S MAIDEN NAME: Catharine Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. C. E. Viets Knoxville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 11 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 19 55, to 3/14, 19 55, that I last saw the deceased alive on 3/12, 19 55, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) ADDRESS Brunswick Md — DATE SIGNED 3/14/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-17-55	Reformed	Knoxville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 18-1955	Mrs. Katherine Bayerhart	C. H. Fuller Sr	Brunswick Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03141

3137 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Downsville Maryland X
STREET ADDRESS (If rural give location) Downsville Maryland

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Weidner
4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 22 1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 4 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Ship Yards
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Fredrick Weidner
14. MOTHER'S MAIDEN NAME: Minnie (last Unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) World War#1
16. SOCIAL SECURITY NO.: 220-10-3893
17. INFORMANT & ADDRESS: Downsville Maryland Mrs Bertha Davis Weidner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

154X
Immediate cause (a) Carcinoma of Rectum Metastasis 6 M O
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26/54 19..., to 3/26/55 19..., that I last saw the deceased alive on 3/26/55 19..., and that death occurred at 9:15 P.M. from the causes and on the date stated above.
SIGNATURE Ralph Young M.D. (Degree or Title) ADDRESS Williamsport Md. DATE SIGNED 3/27/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 29 1955
NAME OF CEMETERY OR CREMATORY Bakersville Cemetery
LOCATION (City, town, or county) Bakersville Md. (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 28. 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Albert L. Leaf
ADDRESS Williamsport Md.

3159

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03142

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age if especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R#3 — LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Huyetts

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R#3
STREET ADDRESS (If rural, give location) near Huyetts

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) GLENN (Last) WHITTINGTON

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug. 16, 1896

9. AGE last birthday: 58 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: W.M.R.R.

11. BIRTHPLACE (State or foreign country): Jefferson County, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Coles M. Whittington

14. MOTHER'S MAIDEN NAME: Nora May Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service) — — — —

16. SOCIAL SECURITY NO.: 205-10-6618

17. INFORMANT: Mrs. Walter Whittington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 ×

Immediate cause (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 4 months.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 11, 1955

19b. MAJOR FINDINGS OF OPERATION: Carcinoma, metastic of Rib

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Feb, 1955, to 6 March, 1955; that I last saw the deceased alive on 6 March, 1955, and that death occurred at 5 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul Haak M.D. — Williamsport, Md. — 7 March '55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-8-55 — NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery — LOCATION (City, town, or county) (State): Williamsport, Md.

DATE REC'D BY LOCAL REG.: Mar. 8. 1955 — REGISTRAR'S SIGNATURE: Blanche Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman-Hagerstown, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03143

3138

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place) 1 week; HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03; STREET ADDRESS (If rural give location) 17 N. Mulberry St., 1

3. NAME OF DECEASED: (Type or Print) (First) Newton (Middle) J (Last) Young

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 25, 1866

9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY: Hag. Shoe Factory

11. BIRTHPLACE (State or foreign country): Rouzerville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Allen Young Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Gangrene - Left Foot — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — years.

DUE TO (C) Arteriosclerotic Heart Disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemiplegia — years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1st, 1955, to March 30, 1955, that I last saw the deceased alive on March 29 1955, and that death occurred at 4 P. M, from the causes and on the date stated above.

SIGNATURE Chas. McKeever M. D. ADDRESS Hagerstown Md. DATE SIGNED 3/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial; DATE THEREOF 4-2-55; NAME OF CEMETERY OR CREMATORY Rest Haven; LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR April 1, 1955; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

03144

3139

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 388 N. Prospect Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARTIN	ABNER	YOUNKINS	March	30	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	March 13,1895	60 yrs.	0	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Guard	Camp Detrick	Frederick County, Maryland	U.S.A.

13. FATHER'S NAME: John W. Younkins

14. MOTHER'S MAIDEN NAME: Cornelia Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	W.W. I		Willis A. Younkins Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Open fractures both tibia & fibula (lt & rt.)	6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hemorrhage & shock	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: contusions to nose, rt. cheek, rt side forehead

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-30-55	Open reduction both tibia & fibula (rt & lt)	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	U S 40A - 5 mi east	Hagerstown,	Wash, Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
3 - 30-55 1:15 P.M.		Deceased walking in middle of road -hit by oncoming car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD.	115 N. Potomac St., Hagerstown, Md.	3-31-55

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/1/1955	Arlington National Cem.	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 1. 1955	Chas. H. Bowers	C. M. Suter & Sons	Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03145

3140

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gaelach Nursing Home 241 S. Prospect St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 1103 Hamilton Blvd.

3. NAME OF DECEASED: (First) Jacob (Middle) Iken (Last) Zuck
4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug 23 1885	69 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Waynesboro Pa.	U.S.

13. FATHER'S NAME: Elias Zuck
14. MOTHER'S MAIDEN NAME: Lovenia Geyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
9		213-16-1624	Mrs. Oren Zuck 1103 Hamilton Blvd Hagerstown Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	2 yrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive Cardio Vascular Disease	6 yrs
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1955, to 3-27, 1955, that I last saw the deceased alive on 3-27, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE J. W. Dietz M.D. ADDRESS Hagerstown Md. DATE SIGNED 3/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/29/55	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
MAR 28 1955	Chas. H. Bowers	Rest Haven Funeral Chapel Inc.	